BEFORE THE ARIZONA MEDICAL BOARD

In the Matter of **SCOTT C. FORRER, M.D.** Holder of License No. **19296** For the Practice of Allopathic Medicine In the State of Arizona.	Board Case No. MD-05-0263A **FINDINGS OF FACT, CONCLUSIONS OF LAW AND ORDER** (Letter of Reprimand)

The Arizona Medical Board ("Board") considered this matter at its public meeting on April 12, 2007. Scott C. Forrer, M.D., ("Respondent") appeared before the Board with legal counsel Bryan F. Murphy for a formal interview pursuant to the authority vested in the Board by A.R.S. § 32-1451(H). The Board voted to issue the following Findings of Fact, Conclusions of Law and Order after due consideration of the facts and law applicable to this matter.

FINDINGS OF FACT

1. The Board is the duly constituted authority for the regulation and control of the practice of allopathic medicine in the State of Arizona.

2. Respondent is the holder of License No. 19296 for the practice of allopathic medicine in the State of Arizona.

3. The Board initiated case number MD-05-0263A after receiving a complaint regarding Respondent's care and treatment of an eighty year-old female patient ("JK"). Immediately prior to presenting to Respondent JK was under the care of her primary care physician ("PCP") for evaluation of chronic abdominal pain. PCP's evaluation included MRI of JK's liver and abdominal ultrasound, which were noncontributory to the diagnosis. PCP referred JK to Respondent for neurological evaluation of abdominal pain. At the time of JK's first visit with Respondent he did not have PCP's records available for review.

4. JK saw Respondent on two occasions. At the time of her initial evaluation JK complained of the abdominal pain and also of limb pain and numbness of the toes and fingers.

Respondent ordered MRI of the lumbar, thoracic and cervical spine; bone scan; and EMG and nerve conduction studies of all limbs. Respondent opined a possible treatment option was nutritional supplementation and/or cleansing.

5. Respondent ordered EMGs of all four extremities for JK, a patient referred for abdominal pain, because he was trained to listen to a patient's subjective complaints and when he began to investigate the source of her abdominal pain she began to tell him about numbness in her hands, numbness in her feet and problems with her legs collapsing – all things that sent up red flags for him as a neurologist because they had not been addressed. Respondent maintained the abdominal pain from the neurological differential can arise from the thoracic spine or from the lower and upper lumbar spine and from numerous etiologies, causing referred pain into a distribution in the abdomen and, knowing that there is a potential basis for a problem in the spine for that source of pain, there could be numerous other lesions in the spine that could cause symptoms in other areas. Respondent acknowledged cervical pathology would not present as abdominal pain and maintained the purpose of the EMG of the upper extremities was to address her subjective complaints involving the neck, cervical spine pain, pain in the arms and numbness in the hands and fingers – all indicating a potential area of pathology in the cervical spine potentially independent of the thoracic region.

6. Respondent's rationale for ordering an MRI of JK's entire spine was that she had symptoms in every limb, with weakness reported in the legs, and pain and numbness in every limb. Respondent was looking to see if there was any type of osseous abnormality such as canal stenosis that could be causing spinal cord compression; any type of hemangioma that could be causing any type of spinal cord problems; and whether there was canal stenosis of the lumbar spine that could be compromising lumbosacral roots. A nerve compression or a neuropathy would have been detected on the EMG and nerve conduction studies and were not, yet Respondent still ordered the MRI. According to Respondent, nerve conduction study and EMG can be a two-

edged sword – they can be very helpful if abnormal, but if normal they are not particularly exclusive of evidence that keeps one from looking for underlying pathology to explain the symptoms.

7. Respondent ordered the MRI of the entire spine to evaluate the differential diagnosis that was in his mind that would cause JK's symptoms. JK presented to Respondent for abdominal pain and underwent EMGs of all four extremities and left Respondent's office with a prescription for an MRI, yet, although Respondent is a diagnostician, he did not have a diagnosis for JK. There was nothing in Respondent's clinical examination or notes to indicate a workup of the cervical spine. Respondent felt an eighty year-old woman with a likelihood of degenerative disc disease in the cervical spine can have spondylosis to an extent that it causes spinal cord compression that can also affect the roots at the level of the neural foramina and precipitate sensory symptoms in the hands and he would not know otherwise unless she had an MRI of the cervical spine. Respondent had already done nerve conduction studies of the upper extremities and EMGs that ruled this out, negating the purpose of the MRI. Respondent maintained the MRI was an adjunct of these tests because the nerve conduction studies of the upper extremities and EMG showed JK had peripheral nerve compressions in the hands, which may have been a component of the numbness, which was carpal tunnel. Respondent maintained he was looking for a secondary cause for additional contribution to the numbness, sometimes referred to as a double crush syndrome.

8. In Respondent's record for JK he recommended nutritional supplementation and/or cleansing as a possible treatment option. Respondent, a neurologist by training, explained that "cleansing" is verbiage used to explain the benefits of using nutritional products for promoting wellness – with adequate and good nutrition a person will be healthier. Respondent is not a nutritionist, but made his recommendation from a neurological perspective to avoid the secondary consequences of illness such as thiamin deficiencies, B-12 deficiencies, and folic deficiencies.

When Respondent made these recommendations he had not done testing to determine if JK had any nutritional deficiencies.

9. The standard of care required Respondent to perform an adequate history and physical examination and perform only testing that was justified by the history and physical examination and related to the reason for JK's neurology consultation.

10. Respondent deviated from the standard of care because he did not perform an adequate history and physical examination and performed unnecessary EMG and nerve conduction testing unrelated to the reason for JK's neurology consultation.

11. Respondent's failure to address JK's chief complaint of abdominal pain could have caused Respondent to miss the actual cause of her complaint and delay treatment.

12. It is mitigating that JK presented to Respondent with complaints in addition to abdominal pain.

CONCLUSIONS OF LAW

1. The Arizona Medical Board possesses jurisdiction over the subject matter hereof and over Respondent.

2. The Board has received substantial evidence supporting the Findings of Fact described above and said findings constitute unprofessional conduct or other grounds for the Board to take disciplinary action.

3. The conduct and circumstances described above constitutes unprofessional conduct pursuant to A.R.S. § 32-1401(27)(q) ("[a]ny conduct or practice that is or might be harmful or dangerous to the health of the patient of the public.").

ORDER

Based upon the foregoing Findings of Fact and Conclusions of Law,

IT IS HEREBY ORDERED:

Respondent is issued a Letter of Reprimand for failing to perform an adequate history and physical examination and for performing unnecessary EMG and nerve conduction testing unrelated to the reason a patient's neurology consultation.

RIGHT TO PETITION FOR REHEARING OR REVIEW

Respondent is hereby notified that he has the right to petition for a rehearing or review. The petition for rehearing or review must be filed with the Board's Executive Director within thirty (30) days after service of this Order. A.R.S. § 41-1092.09(B). The petition for rehearing or review must set forth legally sufficient reasons for granting a rehearing or review. A.A.C. R4-16-103. Service of this order is effective five (5) days after date of mailing. A.R.S. § 41-1092.09(C). If a petition for rehearing or review is not filed, the Board's Order becomes effective thirty-five (35) days after it is mailed to Respondent.

Respondent is further notified that the filing of a motion for rehearing or review is required to preserve any rights of appeal to the Superior Court.

DATED this 7th day of June 2007.

ARIZONA MEDICAL BOARD 1913 STATE OF ARIZONA

THE ARIZONA MEDICAL BOARD

By_____
TIMOTHY C. MILLER, J.D.
Executive Director

ORIGINAL of the foregoing filed this 8th day of June, 2007 with:

Arizona Medical Board
9545 East Doubletree Ranch Road
Scottsdale, Arizona 85258

Executed copy of the foregoing mailed by U.S. Mail this 8th day of June, 2007, to:

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Scott C. Forrer, M.D.
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